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## APPLICANTS

KENSUKE FUJIWARA, OSAKA, JAPAN;

\*\* CONTINUING DATA *Name HCP*\*\* FOREIGN APPLICATIONS *Y> HCP*  
JAPAN 10-109782 04/20/1998

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>Mark HCP</i> Examiner's Signature	<i>HCP</i> Initials	6	5	2

## ADDRESS

BEVERIDGE DEGRANDI WEILACHER & YOUNG  
 SUITE 800 1850 M STREET N W  
 WASHINGTON , DC  
 20036

## TITLE

LASER INTENSITY ADJUSTING METHOD

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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